

**PART K - PARKING**58. PARKING AREA(S) *(Use extra sheets as necessary.)*

	a. OUTSIDE OF BARRIER	b. INSIDE OF BARRIER	c. INSIDE OF BUILDINGS
(1) SIZE			
(2) SURFACE TYPE			
(3) LIGHTING			
(4) NUMBER OF VEHICLES DAILY			
(5) DISTANCE TO FENCE			
(6) DISTANCE TO NEAREST BUILDING			
(7) SURVEILLANCE BY			
(a) CCTV			
(b) GUARD			
(c) ROVING PATROL			
(8) NOT SUBJECT TO SURVEILLANCE			
(9) CONTROLLED BY PERMITS OR DECALS			

59. LOCATION OF VISITOR PARKING

60. ADDITIONAL COMMENTS ON PARKING *(Topography of parking areas, obstructions, access to streets, etc.)*61. PARKING AREA(S) *(Fill in one set for each parking area. Use additional sheets as necessary.)*

a. APPROXIMATE SIZE	
b. IS THIS PARKING AREA INSIDE FACILITY FENCE?	c. IS THIS PARKING AREA OUTSIDE FACILITY FENCE?
d. DISTANCE FROM NEAREST VEHICLE TO FENCE	e. NUMBER OF VEHICLES PARKED DAILY

**PART L - VENDOR AND VISITOR CONTROL**62. HOW ARE VENDORS CONTROLLED? *(Describe briefly)*

a. PERMANENT (DAILY) VENDORS		
(1) ESCORTED	(2) BADGE	(3) LOG <i>(Sign in/out)</i>
b. PERIODIC VENDORS		
(1) ESCORTED	(2) BADGE	(3) LOG <i>(Sign in/out)</i>

63. HOW ARE VISITORS CONTROLLED? *(X as applicable)*

(1) ESCORTED	(2) BADGE	(3) LOG <i>(Sign in/out)</i>
--------------	-----------	------------------------------

YES NO *(X each question as appropriate)*

	64. ARE VEHICLES INSPECTED?
	65. IS A SINGLE INGRESS/EGRESS POINT USED FOR ALL VISITORS, INCLUDING VENDORS, REPAIRMEN, ETC.?
	66. IS A PROPERTY PASS SYSTEM USED FOR PROPERTY REMOVAL?

**PART L - VENDOR AND VISITOR CONTROL** *(Continued)*

67. ADDITIONAL COMMENTS ON VENDOR/VISITOR CONTROL

**PART M - CONTRACT PERSONNEL**

68. JANITORIAL SERVICE

a. CONTRACTOR NAME

b. NAME OF SUPERVISOR *(Last, First, Middle Initial)*c. ADDRESS *(Include Street, City, State, and 9-digit ZIP Code)*

d. HOW LONG HAS SERVICE BEEN SUPPLIED?

e. WORKING PERIOD

f. NUMBER OF PERSONNEL

69. OTHER CONTRACTORS WORKING IN THE FACILITY *(Not guard, alarm, or janitorial. Attach separate sheet for each contractor)*

a. CONTRACTOR NAME

b. ADDRESS *(Include Street, City, State, and 9-digit ZIP Code)*

c. TYPE OF WORK

YES NO 70. CONTRACTOR DETAILS *(X as appropriate)*

a. DO CONTRACTOR PERSONNEL HAVE TO SIGN REGISTER WHEN ENTERING OR LEAVING FACILITY?

b. IS THERE AN UP-TO-DATE LIST OF NAMES AND ADDRESS OF ALL CONTRACTOR PERSONNEL?

c. DO VEHICLES OF CONTRACTOR EMPLOYEES WHO ENTER THE FACILITY HAVE AN IDENTIFYING DECAL?

d. ARE THE VEHICLES OF CONTRACTORS INSPECTED?

e. IS THERE AN IDENTIFICATION SYSTEM FOR CONTRACTORS?

71. ADDITIONAL COMMENTS ON CONTRACT PERSONNEL

**PART N - TRASH DISPOSAL****72. TRASH REMOVAL SERVICE**

a. CONTRACTOR NAME

b. ADDRESS *(Include Street, City, State, and 9-digit ZIP Code)***73. HOW OFTEN IS TRASH REMOVED?**YES NO a. IS TRASH PERIODICALLY INSPECTED? *(Explain)*b. IS TRASH REMOVED FROM FACILITY UNDER SUPERVISION? *(Explain)***74. ADDITIONAL COMMENTS ON TRASH DISPOSAL****PART O - EMERGENCY PLANS****75. WHO IS RESPONSIBLE FOR EMERGENCY PLANS FOR: *(Indicate by X whether a plan exists)***

INCIDENT/THREAT	PLAN a.	RESPONSIBLE OFFICE b.	POINT OF CONTACT c.
(1) BOMB THREAT			
(2) FIRE			
(3) TORNADO			
(4) HURRICANE			
(5) FLOOD			
(6) EARTHQUAKE			
(7) EXPLOSION			
(8) LOSS OF UTILITY SERVICE			
(9) CIVIL DISORDER			
(10) HAZARDOUS MATERIAL INCIDENT			

**76. PERSONNEL SAFETY**a. NAME OF SAFETY SUPERVISOR *(Last, First, Middle Initial)*

YES NO b. ARE SAFETY PLANS POSTED? IF YES, ARE THEY:

(1) UP-TO-DATE?

(2) CLEAR AND CONCISE?

77. IS THERE AN EMERGENCY PLAN COORDINATOR? IF YES, ENTER:

NAME *(Last, First, Middle Initial)*

78. HAVE EMERGENCY PLANS BEEN TESTED? IF YES, WHEN WAS LAST TEST?

79. ARE DRILLS CONDUCTED?

**80. ADDITIONAL COMMENTS ON EMERGENCY PLANS**

**PART P - OFFICE PROCEDURES****81. MAIL HANDLING****a. WHO HANDLES MAIL?**

(1) INCOMING

(2) OUTGOING

**b. WHERE IS MAIL OPENED?**

YES NO (For each item, X one and explain any pertinent procedures)

c. ARE ALL PACKAGES DISTRIBUTED? (If No, explain pickup procedures)

d. HAVE INDIVIDUALS INVOLVED IN MAIL HANDLING BEEN INSTRUCTED ABOUT LETTER BOMBS AND PROCEDURES FOR HANDLING?

82. IS THERE A FACILITY POLICY REQUIRING WRITTEN OFFICE PROCEDURES? IF SO, WHERE ARE COPIES KEPT?

**83. ADDITIONAL COMMENTS ON OFFICE PROCEDURES****PART Q - INTERIOR ALARM SYSTEMS**

YES NO 84. ARE ALARMS USED IN BUILDINGS? IF YES, DESCRIBE FOR EACH SYSTEM. USE ADDITIONAL SHEETS AS NECESSARY.

**a. MANUFACTURER****b. TYPE**

c. DATE OF INSTALLATION (YYMMDD)

**d. SERVICED BY**

e. DATE OF LAST INSPECTION (YYMMDD)

**f. DESCRIBE PROCEDURE FOR ACTIVATING AND DEACTIVATING ALARM SYSTEM****g. WHICH EMPLOYEES ARE ALLOWED TO TURN OFF THE ALARM SYSTEM?****PART R - MISCELLANEOUS**

YES NO MISCELLANEOUS (For each item, X one and explain any pertinent procedures)

85. ARE ALL BUILDINGS LOCKED AT NIGHT? IF YES, WHO IS RESPONSIBLE?

86. ARE LIGHTS LEFT ON IN BUILDINGS AT NIGHT? IF YES:

a. TYPE OF LIGHTING

b. WHO IS RESPONSIBLE

87. ARE FIRE STAIRWELLS USED ON A DAILY BASIS?

88. DOES THE FACILITY USE ELEVATORS? IF YES:

a. WHAT CONTROL IS EXTENDED OVER THEIR USE?

b. DO ELEVATORS CONNECT CONTROLLED ACCESS FLOORS WITH PUBLIC ACCESS FLOORS? IF YES, DESCRIBE CONTROLS ON CONTROLLED ACCESS FLOORS.